

NVP or the use of second-generation NNRTIs in cART regimens.

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Low number of second-line HAART switched patients among children in Buikwe, Uganda, community-based health program

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Background: About 20% of all children on antiretroviral therapy (ART) exhibit resistance to 1–3 antiretrovirals in 2–5 years after starting and require therefore 2nd line treatment. Purpose of this study was to assess the proportion and risk factors of second line ARV in children who failed on 1st line ART in Buikwe, Uganda.

Methods & Materials: One hundred and sixty two (n=162) patients who were enrolled into the program since October 2012 to June 2013, into the community-based health program run by St. John Paul's Paediatric Clinic in Buikwe, Uganda were analysed to assess risk factors, demographic and clinical characteristics. After two years, only those (n=107) patients who were still on ART were included for analysis.

Results: Majority of patients enrolled in the program were still on 1st line therapy after 2 years of follow-up (104; 97.2%). Regarding regimens, 38 (36.5%) are receiving zidovudine/lamivudine/nevirapine (AZT/3TC/NVP), 31 (29.8%) receiving tenofovir/3TC/efavirenz (TDF/3TC/EFV), 9 (8.7%) receiving AZT/3TC/EFV and one (1%) receiving TDF/3TC/NVP. Three of 107 (2.8%) children had to switch to 2nd line ART due to clinical (2) and/or immunological (1) failure, both accompanied with the increase of viral load. Non-compliance was the commonest risk factor in all cases.

Conclusion: Failure rate in children and adolescents on ART in Uganda was very low after 2 years of follow up. Majority of patients on 1st line receive AZT/3TC/NVP or AZT/3TC/EFV and the rest TDF/3TC/EFV or TDF/3TC/NVP. Noncompliance was the major risk factor, followed by the failure of 1st line therapy. drop out from the community, and the change of treatment centre.

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Quality audit of rapid HIV diagnostic processes and outcomes in selected health facilities in the central region of Ghana



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Background: Human immunodeficiency virus (HIV) is one of the leading infectious killers worldwide. An estimated 34.2 million people worldwide were living with HIV in 2011 with about 60% of the HIV infections occur in sub-Saharan Africa. Testing to know one's HIV status is a key intervention to the prevention and early treatment of cases. The introduction of rapid HIV test kits has increased access to HIV testing. The rapid HIV test although easy to do after proper training by both laboratory and non-laboratory persons requires a quality assurance system in place to prevent errors and ensure the accuracy and reliability of test results. This study set out to compare rapid HIV test results from both laboratory and non-laboratory staff, to assess the knowledge of the testing staff on the dry tube specimen proficiency testing (DTSPT) scheme and to assess the competency of the testing staff.

Methods & Materials: We conducted a cross sectional study on 240 pregnant women who had been rapidly tested for HIV in four antenatal clinics in the Central Region of Ghana. Participants were enrolled after informed consenting. Venous blood sample (3 ml) was taken and retested in the laboratory using the same rapid HIV test (First response and Oraquick ½) kits. A questionnaire on the dry tube specimen proficiency testing scheme was administered to all testing staff. A site audit checklist was used to assess staff competency. Using Excel and SPSS, the sensitivity, specificity, positive and negative predictive values, frequencies and proportions were calculated.

Results: High concordance between laboratory (100%) and non-laboratory (99.6%) rapid HIV test results. There was one (0.4%) discordant test result between the two groups. Majority (80%) of both groups of testing staff did not have any knowledge of the dried tube specimen proficiency testing scheme. Staffs (100%) were competent to perform and interpret test results. Three (75%) of the health facilities did not have rapid test kits to provide VCT to clients.

Conclusion: No significant difference between test performed by laboratory and non-laboratory persons. Knowledge of the DTSPT scheme was poor. Staffs were competent to use the rapid HIV test kits correctly.

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